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Bib Data Sheet

CONFIRMATION NO. 5228

SERIAL NUMBER 10/090,370	FILING DATE 03/04/2002  RULE	CLASS 370	GROUP ART UNIT 2665	ATTORNEY DOCKET NO. 1217.P012US
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 \*\* CONTINUING DATA \*\*\*\*\* NO / DH \*\*\*\*\*

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* NO / DH \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/08/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>DH</u>				
Verified and Acknowledged	Examiner's Signature	Initials		

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## TITLE

CDMA system with frequency domain equalization

FILING FEE  RECEIVED 702	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )